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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number 66638/42298>

First Named Inventor Farr

COMPLETE IF KNOWN

Application Number To be assigned

Filing Date Herewith

Group Art Unit To be assigned

Examiner Name To be assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

REAL ASSET-TO-SIMULATED ENVIRONMENT BRIDGE AND METHOD

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) [redacted] as United States Application Number or PCT International

Application Number [redacted] and was amended on (MM/DD/YYYY) [redacted] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Application Number(s)	Country	Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: Customer Number
or Bar Code LabelOR Correspondence address below**Name** Caroline G. Chicoine**Address** Thompson Coburn LLP, One US Bank Plaza**City** St. Louis **State** MO **ZIP** 63101**Country** USA **Telephone** 314-552-6499 **Fax** 314-552-7499

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Donald B.	Family Name or Surname Farr
--	---------------------------------------

Inventor's Signature	Date
-----------------------------	------

Residence: City O'Fallon	State MO	Country USA	Citizenship USA
---------------------------------	----------	-------------	-----------------

Mailing Address 2062 Moondance Ct.

City O'Fallon	State MO	ZIP 63366	Country USA
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NAME OF SECOND INVENTOR : A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Thomas G.	Family Name or Surname King
--	---------------------------------------

Inventor's Signature	Date
-----------------------------	------

Residence: City O'Fallon	State MO	Country USA	Citizenship USA
---------------------------------	----------	-------------	-----------------

Mailing Address 2217 Quaint Cottage Drive

City O'Fallon	State MO	ZIP 63366	Country USA
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Joel J.		Maleport	
Inventor's Signature			Date
O'Fallon Residence: City	MO State	USA Country	USA Citizenship
1969 Royal Heir Mailing Address			
1969 Royal Heir Mailing Address			
O'Fallon City	MO State	63366 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Farr
Title	Real Asset-To-Simulated Environment
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	66638/42298

I hereby appoint:

Practitioners at Customer Number

021888

OR



21888

PATENT TRADEMARK OFFICE

 Practitioner(s) named below:

Name	Registration Number
Caroline G. Chicoine	38198
Richard E. Haferkamp	29072
John M. Howell	25261
Paul A. Maddock	37877
Alan H. Norman	32285
Thomas A. Polcyn	41256
Joseph M. Rolnicki	32653
Kenneth Solomon	31427
Matthew A. Braunel	52649
David R. Deal	48204
Matthew J. Himich	47650
David B. Jenkins	46805
Daniel S. Kasten	45363
Paul A. Lesko	45364
Kim Hoang Lu	51973
Clyde L. Smith	46292
Benjamin L. Volk	48017
William C. Anderson	28147
Harry B. Field	27880
Terje Gudmestad	32232
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Henry G. Kohlmann	26672
Bryan C. Ogden	25362
Charles T. Silberberg	26584
David J. Clement	44082
Ann K. Galbraith	33530
Robert L. Gullette	26899
Thomas W. Hennen	27798
Lawrence W. Nelson	34684
John R. Rafter	28533
Jeanne Suchodolski	34936
Robert H. Sproule	30689

James Hamley	28081
Nicholas T. Bauz	41604

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<input checked="" type="checkbox"/> Firm or Individual Name	Caroline G. Chicoine			
Address	Thompson Coburn LLP			
Address	One US Bank Plaza			
City	St. Louis	State	MO	Zip 63101
Country	USA			
Telephone	314-552-6499	Fax	314-552-7499	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Donald B. Farr		
Signature			
Date			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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Address	Thompson Coburn LLP			
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City	St. Louis	State	MO	Zip
Country	USA			
Telephone	314-552-6499	Fax	314-552-7499	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Thomas G. King		
Signature			
Date			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Name	Joel J. Maleport		
Signature			
Date			

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